

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560323

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4		1		1		
5						
6		2	1			
7		1		1		
8		1		1		
9		2		1		
10	1		1			
11						
12	1		1			
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21	1		1			
22	1		1			
23	1		1			
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46						
47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.		7		7		
TOTAL CLAIMS	1	7	1	7		

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						